



First Kentucky

Customer Satisfaction Survey



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



BUSINESS REPLY MAIL

FIRST-CLASS MAIL PERMIT NO. 367 MAYFIELD KY

POSTAGE WILL BE PAID BY ADDRESSEE

MARKETING DEPT

FIRST KENTUCKY BANK

PO BOX 367

MAYFIELD KY 42066-9980





Customer Comment Card

At First Kentucky Bank, we are committed to delivering exceptional service. We care about your experience and appreciate your valuable opinions. Please use this comment card to provide your feedback. Your responses will help us deliver the outstanding service you deserve.

*Please detach this panel from the card below.
Fill out the form, fold and tape, then place in the mail.*

--DETACH HERE --

Name (optional) Phone

Address:

Email

City, State, Zip

May we contact you regarding the service you received? ☐ Yes ☐ No

Preferred method of contact: ☐ Phone ☐ Email

If contact by phone, convenient time: ☐ Morning ☐ Noon ☐ Evening

PLEASE RATE THE FOLLOWING

	Very Satisfied	Satisfied	Neutral	Dissatisfied	Very Dissatisfied
Friendly Acknowledgement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wait Time for Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personalized Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Used Your Name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge of Staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ease of Transaction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Resolving Your Concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS ABOUT YOUR OVERALL EXPERIENCE

SPECIFICS ABOUT YOUR VISIT

Do you currently have an account at First Kentucky Bank? ☐ Yes ☐ No

Branch/Department visited today: _____

Date of your visit: _____